

County: Winnebago
 PARK VIEW HEALTH CARE-REHAB PAV. -FDD
 725 BUTLER AVE PO BOX 10
 WINNEBAGO 54985 Phone: (920) 235-5100

Facility ID: 9521

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Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 19
 Total Licensed Bed Capacity (12/31/01): 19
 Number of Residents on 12/31/01: 19

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 19

County
 FDDs
 No
 No
 Yes
 19

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		5.3
Supp. Home Care-Personal Care	No					1 - 4 Years		26.3
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	68.4	More Than 4 Years		68.4
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	21.1			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	5.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	5.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	0.0	65 & Over	31.6	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		0.0
Referral Service	No	Diabetes	0.0	Sex	%	LPNs		9.5
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	63.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	36.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi cal d (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)			
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	19	100.0	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	19	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		19	100.0		0	0.0		0	0.0		0	0.0		0	0.0		19	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.0	Bathing	5.3	63.2	31.6	19
Other Nursing Homes	0.0	Dressing	21.1	42.1	36.8	19
Acute Care Hospitals	66.7	Transferring	26.3	31.6	42.1	19
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	15.8	47.4	36.8	19
Rehabilitation Hospitals	0.0	Eating	31.6	31.6	36.8	19
Other Locations	33.3	*****				
Total Number of Admissions	3	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	42.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	47.4		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tube Feeding	10.5
Psych. Hosp. -MR/DD Facilities	33.3	Physically Restrained	0.0		Receiving Mechanically Altered Diets	57.9
Rehabilitation Hospitals	0.0					
Other Locations	66.7	Skin Care			Other Resident Characteristics	
Deaths	0.0	With Pressure Sores	0.0		Have Advance Directives	100.0
Total Number of Discharges (Including Deaths)	3	With Rashes	5.3		Medications	
					Receiving Psychoactive Drugs	63.2

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility %	FDD Facilities %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	84.6	1.18	84.6	1.18
Current Residents from In-County	89.5	41.3	2.17	77.0	1.16
Admissions from In-County, Still Residing	33.3	17.0	1.96	20.8	1.60
Admissions/Average Daily Census	15.8	18.6	0.85	128.9	0.12
Discharges/Average Daily Census	15.8	22.2	0.71	130.0	0.12
Discharges To Private Residence/Average Daily Census	0.0	9.4	0.00	52.8	0.00
Residents Receiving Skilled Care	0.0	0.0	0.00	85.3	0.00
Residents Aged 65 and Older	31.6	15.8	1.99	87.5	0.36
Title 19 (Medicaid) Funded Residents	100.0	99.3	1.01	68.7	1.46
Private Pay Funded Residents	0.0	0.5	0.00	22.0	0.00
Developmentally Disabled Residents	100.0	99.7	1.00	7.6	13.19
Mentally Ill Residents	0.0	0.2	0.00	33.8	0.00
General Medical Service Residents	0.0	0.1	0.00	19.4	0.00
Impaired ADL (Mean) *	58.9	50.6	1.16	49.3	1.20
Psychological Problems	63.2	46.6	1.35	51.9	1.22
Nursing Care Required (Mean) *	9.2	11.0	0.84	7.3	1.26